

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
PRIVATE SECURITY SERVICES SECTION
P.O. Box 10110
Richmond, VA 23240-9998
(804) 786-4700
www.dcjs.state.va.us/privatesecurity

TRAINING SCHOOL SESSION INSPECTION

Training School: _____
Training School Director: _____
Address: _____
Date: _____ School#: _____ Audit#: _____

PART 1 - Session Information

Type of training session: _____
Date(s) of session: _____
Location of session: _____
Range location: _____
Certified Instructor: _____
Time audit began: _____ Time audit ended: _____

PART 2 - General Provisions

	Comp.	Non/Comp.	N/A
1. Training Session Notification Forms, 6 VAC 20-171-300.B.1	[]	[]	[]
2. Notification of Changes-TSN Form, 6 VAC 20-171-300.B.2	[]	[]	[]
3. Submit Training Completion Roster, 6 VAC 20-171-300.B.4	[]	[]	[]
4. Written examinations, 6 VAC 20-171-300.B.5	[]	[]	[]
5. Firearms classroom training exam, 6 VAC 20-171-300.B.7	[]	[]	[]
6. Firearms range qualification, 6 VAC 20-171-300.B.8	[]	[]	[]
7. Attendance, 6 VAC 20-171-300.C.1	[]	[]	[]
8. Certified instructors, 6 VAC 20-171-300.D.2	[]	[]	[]
9. Session conducted utilizing lesson plans, 6 VAC 20-171-300.D.3	[]	[]	[]
10. Length of sessions, 6 VAC 20-171-300.D.5	[]	[]	[]
11. Training conducted according to Code, 6 VAC 20-171-300.D.9	[]	[]	[]

	<u>Name of Student</u>	<u>Social Security Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

Comments/Violations:

Additional forms attached: [] Yes [] No

INSPECTION ACKNOWLEDGEMENT - The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected by _____, and that administrative action may occur as a result of this inspection.

Investigator Signature Date

School Director's Signature Date

Print Name

Print Name